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TRANSMITTAL LETTER (General - Patent Pending)

Docket No. EIS-5799DIV 1

n Re Application	Of:	Martucci	et	al.
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Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/720,765	November 24, 2003	Unknown	29200	Unknown	4921

Title:

MEDICATION DELIVERY SYSTEM

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page) (duplicate);

Statement Under 37 CFR 3.73(b) (1 page) (duplicate); and

Return Receipt Postcard

in the above identified application.

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Signature

Dated: May 25, 2005

Robert M. Barrett (30,142) Bell, Boyd & Lloyd LLC

P.O. Box 1135

Chicago, IL 60690-1135

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

May 25, 2005

Signature of Person Mpiling Correspondence

Heather Foster

Typed or Printed Name of Person Mailing Correspondence

CC:

PTO/SB/82 (04-05) Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

10/720,765

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number **Application Number**

REVOCATION OF POWER OF

Filing Date November 24, 2003

ATTORNEY WITH	First Named Inventor	Martucci et al.
NEW POWER OF ATTORNEY	Art Unit	Unassigned
AND CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	Unassigned
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	EIS-5799DIV.1

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR ✓ I hereby appoint	the practitioners ass	sociated with the	Customer Nu	mber:		29	9200	
✓ Please change the								
Customer Nu			29200					
Firm or								
Individual Name				-				
Address								
City		T	State			Zip		
Country			J				L	
Telephone			Email				· 	
I am the: Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	111	Lys						
Name Joseph	n P. Reagen							
Date May 2			Telephone	84	7-948	-3315	j	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
	forms are submitted.							

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

spond to a collection of information unit	ess it displays a valid OMB control number
Application Number	10/720,765
Filing Date	November 24, 2003
First Named Inventor	Martucci et al.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	EIS-5799DIV.1

I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR ✓ I hereby appoint the practitioners associated with the Customer Number: 29200					
Please change the correspondence address for the a	bove-identified application to:				
✓ The address associated with Customer Number: OR	29200				
Firm or Individual Name					
Address					
City	State Zip				
Country					
Telephone	Email				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record					
Signature And Menn					
Name Joseph P. Reagen					
Date May 2, 2005	Telephone 847-948-3315				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of1forms are submitted.					

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der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Martucci et al. Application No./Patent No.: 10/720,765 Filed/Issue Date: November 24, 2003 Entitled: MEDICATION DELIVERY SYSTEM , a <u>corporation</u> Baxter International Inc. (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) (Name of Assignee) states that it is: 1. the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is_ in the patent application/patent identified above by virtue of either: A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012773 , Frame 0985 , or for which a copy thereof is attached. OR A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: To: The document was recorded in the United States Patent and Trademark Office at Reel ______, Frame ______, or for which a copy thereof is attached. To: The document was recorded in the United States Patent and Trademark Office at ____, or for which a copy thereof is attached. Reel , Frame _____ The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] The undersigned (whase title is supplied below) is authorized to act on behalf of the assignee. May 2, 2005 Signature Date Joseph P. Reagen 847-948-3315 Printed or Typed Name Telephone Number Associate Chief Patent Counsel

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner: Martucci et al.			
Application No./Patent No.: 10/720,765	Filed/Issue Date: November 24, 2003		
Entitled: MEDICATION DELIVERY SYSTEM			
Baxter International Inc. , (Name of Assignee)	a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)		
states that it is: 1. the assignee of the entire right, title, and interes	ot; or		
2. an assignee of less than the entire right, title and the extent (by percentage) of its ownership into			
in the patent application/patent identified above by virtu	ue of either:		
	nt application/patent identified above. The assignment was recorded be at Reel 012773 , Frame 0985 , or for which a copy		
	t application/patent identified above, to the current assignee as shown		
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	hain of title are attached. iginal assignment document(s)) must be submitted to Assignment the assignment is to be recorded in the records of the USPTO. See		
The undersigned (whose title is supplied below) is auth	-		
Harry M. Maye	May 2, 2005		
Signature	Date		
Joseph P. Reagen	847-948-3315		
Printed or Typed Name	Telephone Number		
Associate Chief Patent Counse	:1		
Title			

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.